



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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SECOND REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Applicant is in receipt of an Official Filing Receipt in the above-referenced application, and respectfully requests issuance of a corrected Official Filing Receipt.

A copy of the Official Filing Receipt having the foregoing changes noted thereon in red ink is attached hereto.

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FORMAL MATTERS

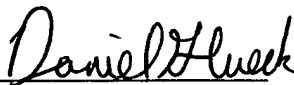
No fee is believed due. However, any fee required in connection with this papers should be charged to Deposit Account 06-1205. A duplicate of this paper is enclosed.

CONCLUSION

In view of the foregoing, Applicant respectfully requests issuance of a corrected Official Filing Receipt.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our below-listed address.

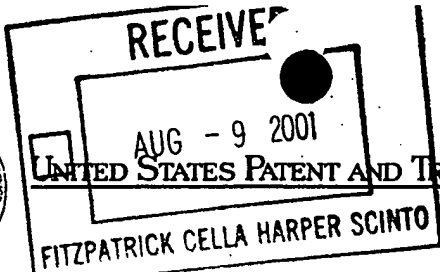
Respectfully submitted,


Attorney for Applicant

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DSG/llp

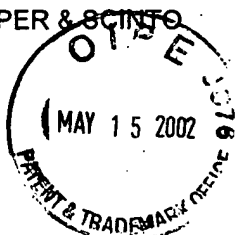
DC_MAIN 93588 v 1



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
08/951,635	10/17/1997	2872	3376	35.C11250CON	31	25	5

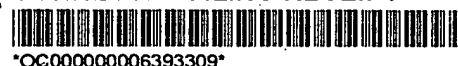
5514
FITZPATRICK CELLA HARPER & SCINTO
30 ROCKEFELLER PLAZA
NEW YORK, NY 10112



DSG
684.3135C1

CONFIRMATION NO. 1809

CORRECTED FILING RECEIPT



OC000000006393309

Date Mailed: 08/07/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

MANABU KATO, KAWASAKI, JAPAN;

Domestic Priority data as claimed by applicant

THIS APPLICATION IS A CON OF 08/607,169 02/26/1996 ABN
WHICH IS A CIP OF 08/552,118 11/02/1995 PAT. 5,594,178

08/522,118 08/31/95 5,818,505

Foreign Applications

JAPAN 6-239386 09/06/1994
JAPAN 7-66991 02/28/1995
JAPAN 8-46741 02/08/1996

If Required, Foreign Filing License Granted 08/07/2001

Projected Publication Date: N/A

Non-Publication Request: No

Early Publication Request: No

Title

SCANNING OPTICAL APPARATUS

Preliminary Class

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359

Data entry by : GRAY, ANN**Team : 3600****Date: 08/07/2001**A standard 1D barcode is located below the header information.

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Titl 37, Cod of Federal Regulations, 5.11 & 5.15

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CONFIRMATION NO. 1809



Bib Data Sheet

SERIAL NUMBER 08/951,635	FILING DATE 10/17/1997 RULE	CLASS 359	GROUP ART UNIT 2872	ATTORNEY DOCKET NO. 35.C11250CON
APPLICANTS MANABU KATO, KAWASAKI, JAPAN; ** CONTINUING DATA ***** THIS APPLICATION IS A CON OF 08/607,169 02/26/1996 ABN WHICH IS A CIP OF 08/552,118 11/02/1995 PAT 5,594,178 522, ** FOREIGN APPLICATIONS ***** JAPAN 6-239386 09/06/1994 JAPAN 7-66991 02/28/1995 JAPAN 8-46741 02/08/1996				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/07/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY JAPAN	SHEETS DRAWING 31	TOTAL CLAIMS 25
INDEPENDENT CLAIMS 5				
ADDRESS 5514				
TITLE SCANNING OPTICAL APPARATUS				
FILING FEE RECEIVED 3376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	